REVIEWS.

ON NEUROMA AND NEURO-FIBROMATOSIS. By ALEXIS THOMSON. Edinburgh: Turnbull & Spears, 1900.

THIS is an admirable monograph, and may be read with profit by those interested in the fibrous overgrowth in nerves. Thomson has had a remarkable experience in the observation of fifteen cases. He includes under the fibrous proliferation of nerves the multiple neuro-fibromata, the plexiform neuro-fibromata, the cutaneous neuro-fibromata, elephantiasis neuromatosa, the pigmentation of skin associated with neuro-fibromatosis, and secondary malignant neuroma—*i. e.*, sarcomatous transformation in any of the forms of neuro-fibromatosis. This seems to be a perfectly proper classification in the light of recent studies.

It must be borne in mind that the term neuroma when used in the clinical sense is made by some to include tumors of various kinds, whatever their structure may be; the existence of true neuromata, however, Thomson believes, can no longer be denied. These tumors are exceedingly rare, especially if we exclude stump neuromata. The latter are true neuromata, as anyone may convince himself by examining with the microscope a tumor of this character. It is wise to devote a few words to the true neuromata, because many pathologists still question the existence of such growths. Thomson refers to five authenticated cases of true neuromata in which the tumor or tumors were composed of newly-formed ganglion cells and of medullated and non-medullated nerve fibres. In all these cases, with one doubtful exception, the true neuromata were in connection with the sympathetic nervous system. It is noteworthy that these true neuromata do not appear to be combined with any of the forms of neuro-fibromatosis. The five cases referred to by Thomson are those reported by Knaüss, Busse, Schmidt, Loretz, and Key. Thomson makes no reference to the disputed cases of true neuromata of the spinal cord in the literature. A few cases of this character have created much contention in regard to the correct interpretation of the findings.

Thomson believes that the circumscribed or solitary tumors growing from the connective tissue of nerves constitute a distinct and separate class of false neuromata. In the opinion of the reviewer this view is not well sustained. While transition forms between the solitary tumor and general neuro-fibromatosis are not incompatible with the differentiation into different classes, they nevertheless weaken this differentiation in proportion to their frequency of occurrence. Again, the discovery of one or more tumors is no evidence whatever that latent growths are not present in other nerves, and Thomson himself refers to the facts that neuro-fibromatosis has been discovered more than once on post-mortem examination when its existence was entirely unsuspected during life,

PROGRESS

OF

MEDICAL SCIENCE.

MEDICINE.

UNDER THE CHARGE OF

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On the Cultivation of Typhoid Bacilli from Rose-spots.—RICHARDSON (*The Philadelphia Medical Journal,* March 3, 1900, p. 514) points out the scientific and diagnostic value of the rose-spots in typhoid fever as determined by recent research. That the rose-spots are due to a metastasis of the typhoid bacilli from the intestine to the skin has been frequently demonstrated since the discovery of the typhoid bacillus by Eberth. In investigating this point, however, many negative results had been obtained.

Neufeld has recently reviewed the subject and gives some remarkable results obtained by himself. He found that the efforts to cultivate the typhoid bacillus from the rose-spots had hitherto been so often negative that they had little value either from a scientific or from a diagnostic stand-point. Neufeld's results, however, have been extraordinary in that he cultivated the typhoid bacillus in thirteen out of fourteen cases. He attributes his good results to the fact that he as quickly as possible transferred the drop of blood from the rose-spot to a tube of nutrient bouillon. In this way he was able to dilute the bactericidal substances of the blood so thoroughly and quickly that they no longer destroyed the typhoid bacilli, as they do when cultures are taken in the ordinary way. To the lack of observance of this method of technique Neufeld attributed the frequent negative results of previous workers.

Neufeld compared the date of the earliest appearance of the Widal reaction with the earliest day of the disease on which he had obtained the typhoid bacillus from the rose-spots. This was done in eight cases, and he found that in seven out of the eight cases the diagnosis made from the rose-spots was, on an average, six days ahead of that made by the Widal test, whereas in only one case was the Widal reaction obtained first.